

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO. 09/868792

FILING DATE

APPLICANT'S

CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3							
4							
5	2						
6							
7	1						
8	2						
9							
10	1						
11	1						
12	1						
13	1						
14	1						
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.		1	1	1	1	1	
TOTAL CLAIMS	1	1	1	1	1	1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS